

2010 RESOLUTIONS SET TO EXPIRE

PUBLIC POLICY MANUAL RESOLUTIONS

(RESOLUTION 10-02A) RESOLVED, that the ISMA:

1. Recognize that exclusion from civil unions or marriage contributes to health care disparities affecting same-sex households
2. Will work to reduce health care disparities among members of same-sex households, including minor children
3. Will support measures providing same-sex households with the same rights and privileges to health care, health insurance and survivor benefits, as afforded opposite-sex households

(RESOLUTION 10-03) RESOLVED, that the ISMA support a ban on the sale of over-the-counter prenatal gender prediction tests, such as Intelligender, and direct-to-consumer prenatal gender-prediction tests, such as Baby Gender Mentor.

(RESOLUTION 10-04) RESOLVED, that the ISMA ask the Indiana AMA delegation to take the issue of mandated labeling of genetically engineered ingredients to the AMA House of Delegates for study of the impact of this problem and further action.

(RESOLUTION 10-05) RESOLVED, that the ISMA work with the AMA to encourage ratification of the World Health Organization's Framework Convention on Tobacco Control.

(RESOLUTION 10-07) RESOLVED, that the ISMA endorse, as part of a comprehensive sex education program, instruction regarding the Indiana Safe Haven Law, and encourage both voluntary and legally mandated efforts to educate teens regarding laws for protection of newborns.

(RESOLUTION 10-08) RESOLVED, that the ISMA endorse the public health goal of substantially reducing the rate of teen pregnancy and unintended pregnancy at any age in Indiana via public education and professional awareness.

(RESOLUTION 10-09) RESOLVED, that the ISMA public policy include support for education regarding the role of HPV in lower genital tract neoplasia, and the availability of effective vaccination as an essential component of comprehensive sex education.

(RESOLUTION 10-12) RESOLVED, that the ISMA set up a task force to study the mechanism of how to create an accountable care organization; and be it further, RESOLVED, that the ISMA set up a task force to study the impact of bundled payments on physician practices; and be it further, RESOLVED, that the ISMA, working with its AMA delegation, set up a task force at the AMA level to study bundled payments and accountable care organizations.

(RESOLUTION 10-13) RESOLVED, that the ISMA, working with its AMA delegation, seek to change the current Medicare policy about coverage for pharmaceuticals during the 23-hour observation stay, either by legislative means or administrative means; and be it further,

RESOLVED, that the ISMA, working with its AMA delegation, seek to change Medicare policy, either legislatively or administratively, to pay for medications needed by Medicare patients when they are admitted for 23-hour observation stays in hospitals.

(RESOLUTION 10-14) RESOLVED, that the ISMA work with the appropriate state and federal agencies to modify INSPECT so that individual physicians can query, but not be required to query, their individual DEA numbers and see what prescriptions have been filled by whom under their prescribing authority.

(RESOLUTION 10-15) RESOLVED, that if a reasonable pattern of requesting and obtaining prior authorizations can be confirmed, the ISMA seek and/or support any and all efforts, including legislative efforts if necessary, to mandate that care provided in good faith by physicians or other providers CANNOT be denied SOLELY on the basis of failure to have an authorization. Full consideration of medical necessity and appropriateness of services provided MUST be factored into any denial decision; and be it further,

RESOLVED, that this resolution be carried forward by our delegation to the AMA.

(RESOLUTION 10-16) RESOLVED, that the ISMA support state legislation requiring:

- An employer to have a 30-day time limit to notify an insurance company/network that an employee is no longer eligible under their medical plan
- A health plan to enter the non-eligibility of the employee within 10 days of notification from the employer, enabling the provider to verify coverage before services are rendered

(RESOLUTION 10-17) RESOLVED, that ISMA policy is to increase Medicaid reimbursement to at least 100 percent of the greater of the Medicare reimbursement formula as of July 1, 2010, or the current level of reimbursement.

(RESOLUTION 10-18) RESOLVED, that ISMA policy support legislation to obtain and utilize as much of the \$250,000,000 appropriated for state grants from the Patient Protection and Affordable Health Care Act for the benefit of full health insurance disclosure and public education in Indiana.

(RESOLUTION 10-19) RESOLVED, that the ISMA policy support legislation to encourage physicians, especially those near retirement, to continue to provide care by decreasing liability costs (especially for total charity care); and be it further, RESOLVED, that the ISMA study ways to help keep senior physicians engaged in the practice of medicine as they near retirement.

(READOPTED 10-20, HOD; RESOLUTION 00-48) RESOLVED, that the ISMA seek support from the governor and the legislature to adequately fund and improve the operation of the Health Professions Bureau.

(RESOLUTION 10-21) RESOLVED, that the ISMA develop a program or mailing to educate medical providers on identifying at-risk children and the reporting process; and be it further,
RESOLVED, that the ISMA continue to support legislation addressing bullying; and be it further,
RESOLVED, that the ISMA support community programs to educate parents and children regarding bullying.

(READOPTED 10-22, BOT through referral from HOD for action; RESOLUTION 00-02) RESOLVED, that the ISMA adopt the policy that laser surgery should be performed only by individuals currently licensed by statute (MD or DO) and properly trained to practice medicine and perform surgical services.

(RESOLUTION 10-23) RESOLVED, that the ISMA urge the IHSAA to change the required date for preparticipation physical exams to no more than 365 days prior to the start of athletic participation to allow student athletes an opportunity to receive a comprehensive exam by their primary care provider and to provide ample time for appropriate follow-up.

(RESOLUTION 10-24) RESOLVED, that the ISMA support legislation to direct the Indiana State Department of Health (ISDH) or seek direct contact with the ISDH to establish a way to track "trends" for non-regulated areas, such as the practice of midwifery and home deliveries by individuals not trained medically or not licensed as a physician or nurse midwife who perform procedures on patients/clients; and be it further,
RESOLVED, that the ISMA support legislation to direct the ISDH or to seek direct contact with the ISDH to establish a rule that requires immediate reporting to the local county health officer (or its representative) of adverse reactions resulting in hospital admission and/or death for the specific purpose of gathering data when a non-regulated person is performing midwifery or body modification.

(RESOLUTION 10-26) RESOLVED, that the ISMA support efforts to ban in Indiana the sale and use of herbal products, also known as synthetic marijuana and 'spice,' as well as other similar products; and be it further,
RESOLVED, that the ISMA urge the AMA to support federal regulation of herbal products, also known as 'spice,' as well as other similar products, and support efforts to ban the sale and use of such products in the USA.

(RESOLUTION 10-27) RESOLVED, that the ISMA initiate regulatory or statutory change requiring insurers to provide physicians a list of alternative FDA-approved medications that do not require prior authorization with the denial notification.

(RESOLUTION 10-28A, HOD; AMENDED EXISTING POLICY RESOLUTION 00-29) RESOLVED, that the ISMA oppose the selling of any tobacco product by any pharmacies, or other health-related businesses, institutions, organizations or associations.

(READOPTED 10-30, HOD; RESOLUTION 00-12) RESOLVED, that the ISMA continue to support efforts that would prohibit smoking in all day care centers.

(READOPTED 10-31, HOD; RESOLUTION 00-29) RESOLVED, that the ISMA continue to support funding for tobacco control efforts, as outlined by the CDC guidelines, from the monies Indiana received via the Master Settlement Agreement (i.e. tobacco settlement) and that monies from the Master Settlement Agreement be used for health-related issues.

(READOPTED 10-32, HOD; READOPTED 00-25, HOD; RESOLUTION 98-29) RESOLVED, that the ISMA continue to support efforts to reduce underage drinking by increasing the minimum age of sellers of alcoholic beverages to 21 and requiring responsible beverage service training for all servers of alcoholic beverages.

(READOPTED 10-33, HOD; RESOLUTION 00-28) RESOLVED, that the ISMA continue to support banning smoking and the use of all tobacco products at all Indiana elementary and secondary schools, on school properties, in all vehicles used for school-sponsored events and at all school-sponsored events.

(RESOLUTION 10-34) RESOLVED, that the ISMA support comprehensive legislation calling for smoke-free air in all workplaces including restaurants, bars and casinos to protect all employees; and be it further, RESOLVED, that the ISMA become or continue as a supporting member of the Indiana Campaign for Smoke-free Air.

(RESOLUTION 10-42) RESOLVED, that the ISMA formally take measures to have the insurance industry reimburse physicians for services rendered, as it relates to excessive time spent obtaining prior authorizations.

(RESOLUTION 10-43) RESOLVED, that the ISMA establish a Women in Medicine Committee with the purposes of:

- Increasing membership and participation of female medical students, residents and physicians in the ISMA
- Providing a forum for mentoring, leadership development and collegiality among Indiana women in medicine; and be it further,

RESOLVED, that the ISMA Bylaws be amended where appropriate to add the following: Committee on Women in Medicine - The duties of this committee shall be to increase membership and participation of female medical students, residents, fellows and physicians in the ISMA and to provide a forum for mentoring leadership development and collegiality among Indiana women in medicine.

(RESOLUTION 10-44) RESOLVED, that the ISMA endorse the IU School of Medicine Dean's Council scholarship fundraising efforts and assist the school by informing the ISMA membership of opportunities for individual support and participation as a means for easing part of the student debt load facing our medical students.

(READOPTED 10-45, HOA; RESOLUTION 00-03) RESOLVED, that the ISMA each year sponsor a physician on a medical mission trip; and be it further, RESOLVED, that the physician be chosen by lottery from nominations from county alliances and medical societies.

(READOPTED 10-46, HOD; RESOLUTION 00-05A) RESOLVED, that the ISMA retain the current funding to the ISMA Alliance of \$4 per ISMA member as adopted in 2000.

(READOPTED 10-47, HOD; RESOLUTION 00-15) RESOLVED, that the ISMA introduce legislation to amend Indiana Code 16-22-2-2 to mandate or require active medical staff physician representation on the respective county hospital governing boards; and be it further, RESOLVED, that any and all active medical staff physician members of county hospital governing boards not be contracted employees of their respective county hospitals, its governing board, or any of its public or privately developed corporations.

(READOPTED AND AMENDED 10-48; RESOLUTION 00-27) RESOLVED, that blood alcohol and chemical testing be mandated for all drivers involved in all motor vehicle accidents with fatalities or serious bodily injury.

(READOPTED 10-49, HOD; RESOLUTION 00-30A) RESOLVED, that the ISMA advocate educational programs for the responsible use and storage of firearms; advocate comprehensive health education as a means of addressing social issues such as violence and urge incorporation of such health education into our societal framework; support scientific research and objective discussion aimed at identifying causes and finding solutions to the crime and violence problem; and support vigorous enforcement of existing gun laws and support free enjoyment of rights granted under the Constitution to law-abiding citizens.

(READOPTED 10-50, HOD; RESOLUTION 00-38) RESOLVED, that the ISMA oppose the concept of direct access to physical therapists without a prescription for therapy from a physician.

(RESOLUTION 10-51) RESOLVED, that the ISMA strongly oppose any legislative efforts that would abolish the Indiana Tobacco Prevention and Cessation Agency with its governing Executive Board or move it to the Indiana State Department of Health or other state agency.

(READOPTED 10-52, HOD; RESOLUTION 00-40) RESOLVED, that the ISMA work with the legislature to support laws for payment of services rendered with penalties to

insurance companies for improper denials, including but not restricted to denials based on multiple physician visits on the same day.

(RESOLUTION 10-53; AMENDED EXISTING POLICY 00-52) RESOLVED, that the ISMA support the use of the standardized health identification card as developed by the Workgroup for Electronic Data Interchange (WEDI).

(RESOLUTION 10-54; AMENDED EXISTING POLICY 00-59) RESOLVED, that the ISMA support the correct use of AMA CPT guidelines for coding and payment by payers.

(RESOLUTION 10-55) RESOLVED, that the ISMA seek, with the assistance of the Indiana Academy of Ophthalmology and the Indiana Society of Anesthesiology, to facilitate a discussion with the Medical Licensing Board of Indiana as to whether or not to retain or exclude from their rule regarding office-surgery retrobulbar and peribulbar anesthetic procedures when performed appropriately by board certified ophthalmologists.

(READOPTED 10-56, HOD; RESOLUTION 00-22) RESOLVED, that the ISMA support efforts by the Indiana Legislative Commission on Autism, the Indiana Resource Center for Autism and other appropriate agencies in their efforts to legislate health care insurance for autistic children; and be it further, RESOLVED, that the ISMA encourage and support appropriate state agencies, advocates and legislators in their efforts to extend legislated health care insurance coverage for treatment of children with autism spectrum disorders to all state and federally regulated health insurance programs.

(RESOLUTION 10-59) RESOLVED, that the ISMA support policy that assures that public health care monies be used for providing patient health care; and be it further, RESOLVED, that if insurance companies receive funding from the government or through governmentally mandated programs, then such funding shall have attached stipulations that require the following:

- All officer salaries shall be no more than the salary of the president of the United States.
- Board member salaries shall be limited to the daily rate for U.S. senators.
- Reimbursement for travel shall be no greater than that amount allowed for government employees.
- Corporate yearly dividends shall be limited to no more than the one-year T-bill rate.

(READOPTED 10-60, HOD; RESOLUTION 00-01) RESOLVED, that the ISMA continue to support graduated licensing requirements for young drivers consistent with recommendations from the National Highway Traffic Safety Administration.

(READOPTED 10-61, HOD; RESOLUTION 00-24) RESOLVED, that the ISMA support efforts, legislative, administrative and educational, that seek to ensure Indiana children receive all CDC-recommended vaccinations.

(READOPTED 10-62; RESOLUTION 00-42) RESOLVED, that the ISMA support the present Indiana ban or any future ban regarding partial birth abortion, except in situations where the mother's life is endangered.

(READOPTED 10-64, HOD; RESOLUTION 00-37) RESOLVED, that the ISMA continue to support the concept of a voluntary regional drug depository; and be it further, RESOLVED, that the ISMA educate its membership and other interested parties about the concept of a voluntary regional drug depository.

(RESOLUTION 10-68) RESOLVED, that the ISMA Board of Trustees send a letter to the Medical Licensing Board to allow but not require Expedited Partner Therapy (EPT) for chlamydia and gonorrhea, according to current Centers for Disease Control and Prevention (CDC) recommendations for EPT, by modifying Rule 4 to include EPT; and be it further, RESOLVED, that the ISMA policy now include the policy statement in support of legislation in Indiana of Expedited Partner Therapy (EPT), according to current CDC recommendations

(RESOLUTION 10-69) RESOLVED, that the ISMA seek legislation to modify IC 16-37-1-3.1 to delay the start date of the Indiana electronic birth and death registries until Jan. 1, 2012, and modify IC 16-37-1-13 so that a person licensed under IC 25 (e.g., a physician) who is required to utilize the electronic registry but does not do so would be subject to possible disciplinary action by the appropriate licensing board rather than criminal charges; and be it further, RESOLVED, that the ISMA continue to educate Indiana physicians regarding the electronic birth and death registries to increase awareness of their importance and efficiencies and to improve participation.

RESOLVED, that the ISMA establish, in this our 150th year, an award for a non-physician who has made a great contribution to the health and well-being of Indiana citizens.

- The individual must be a non-physician.
- A committee composed of the three most recent ISMA past presidents, excluding the immediate past-president must select the recipient.
- Nominations of worthy candidates may be made to the selection committee by any physician member of the ISMA
- The recipient is recognized at the ISMA's annual meeting of the House of Delegates with a plaque honoring the achievement.
- The committee determines the name of the award as "The Patient Health Advocate Award."

(Resolution 09-66, HOD; re-adoption of Resolution 99-30.)

ADMINISTRATIVE POLICY MANUAL RESOLUTIONS SET TO EXPIRE

RESOLVED, that the ISMA each year sponsor a physician on a medical mission trip; and be it further

RESOLVED, that the physician be chosen by lottery from nominations from county alliances and medical societies. (*Resolution 10-45; re-adoption of Resolution 00-03, HOD.*)

RESOLVED, that the ISMA endorse the IU School of Medicine Dean's Council scholarship fundraising efforts and assist the school by informing the ISMA membership of opportunities for individual support and participation as a means for easing part of the student debt load facing our medical students. (*Resolution 10-44, HOD.*)

RESOLVED, that the ISMA establish, in this our 150th year, an award for a non-physician who has made a great contribution to the health and well-being of Indiana citizens.

- The individual must be a non-physician.
- A committee composed of the three most recent ISMA past presidents, excluding the immediate past-president must select the recipient.
- Nominations of worthy candidates may be made to the selection committee by any physician member of the ISMA
- The recipient is recognized at the ISMA's annual meeting of the House of Delegates with a plaque honoring the achievement.
- The committee determines the name of the award as "The Patient Health Advocate Award."

(*Resolution 09-66, HOD; re-adoption of Resolution 99-30.*)